

Standardized Fields for the Statewide Evaluation of the CARES Program Round 4

Variable	Value	Sample question	Notes	FFN Track Required
Application Date	DATE			✓
Last Name				✓
First Name				✓
Middle Initial				✓
SSN/Identifier				✓
Date of Birth				✓
Home Address			Include street address, unit #, city, state, zip	✓
Phone Number				✓
Sex				✓
Race/Ethnicity	<ul style="list-style-type: none"> • Alaska Native/ American Indian • Asian • Black/African American • Hispanic/Latino • Pacific Islander • White • Other 	What is your race/ethnicity? Please check all apply.		✓
Language	<ul style="list-style-type: none"> • Chinese • English • Japanese • Korean • Spanish • Tagalog • Vietnamese • Other 	What is your primary language spoken at home? Please check more than one if you are multilingual.	Counties will have capability to add more categories onto application and database	✓
Language with Child	<ul style="list-style-type: none"> • Chinese • English • Japanese • Korean • Spanish • Tagalog • Vietnamese • Other 	What are the primary languages you speak with children and families in your workplace? Please check all that apply.	Counties will have capability to add more categories onto application and database	✓
Length of Time in Field	# YEARS	How many years have you been in the field or early child care and education?		
Type of Care Provided	# YEARS By Setting <ul style="list-style-type: none"> • Center • FCC • License-exempt 	How many years have you provided child care in each of these settings?		
Annual Salary	###,###		Applicable only to child care position	
Hourly Wage	\$.##		Applicable only to child care position	

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Hours per Week	##	What is the average number of hours you worked per week in this position over the last 9 months?	Applicable only to child care position	✓
Work Name				
Work Address				
Work Phone				
Director/Operator Last Name				
Director Operator First Name				
Start Date at Current Place of Employment				
Length of Time in Current Employment	# MONTHS	How many months have you been employed by this provider?		
Setting Type	<ul style="list-style-type: none"> Center FCC 		N/A to FFN	
Center Type	<ul style="list-style-type: none"> Private, for profit Private, non-profit Public 			
Licensing Status	<ul style="list-style-type: none"> Licensed License-exempt 	For Centers and FCC, employers asked to report their licensing status. For FFN providers, "Check here if licensed."	Creates new variable for cleaner data to be asked of FFN providers in addition to Center and FCC	✓
Program Type	<ul style="list-style-type: none"> Head Start/Early Head Start State Preschool CDE General Child Care Private/Other Local Subsidy (city, county) Private/Non-Subsidized Public School Military Base Child Care Other 	Which best describes your child care program? Check all that apply, to the best of your knowledge.	Replaces "Provider Type"	

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Priority Zone Status	<ul style="list-style-type: none"> • Low API • SRI area • Low Child Care Supply 	Does your program provide child care in a low API, school readiness, or low child care supply area? Please select the areas that apply to your site.	Zones to be defined and identified by local commissions	
Hours of Operation	<ul style="list-style-type: none"> • After 6pm • Between midnight and 5am • Before 7am • Weekends 	If your program providers care during non-traditional hours, please select all categories that apply.		
Months of Operation	# months	How many months is your program open?	All programs that identify 11 or 12 will be considered year-round, in case respondents exclude vacations in their calculation	
Highest Level of Education	<ul style="list-style-type: none"> • No formal schooling • Less than high school diploma/GED • High school diploma/GED • Some college • AA in non-ECE/CD • AA in ECE/CD • BA in non-ECE/CD • BA in ECE/CD • Some graduate school • Graduate degree in non-ECE/CD • Graduate degree in ECE/CD 	What is the highest level of education that you have completed?	Category list longer but provides information about background in ECE/CD for degreed providers	✓
Foreign Education	<ul style="list-style-type: none"> • Yes • No 	If you received a BA or higher, did you receive the degree in a foreign country?		✓
Teaching Credential	<ul style="list-style-type: none"> • Yes, from California • Yes, out of state/country • No 	Do you have a teaching credential?		✓

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Teaching Credential Type	<ul style="list-style-type: none"> • Single Subject • Multiple Subject • Education Specialist (Disabilities and Other Special Needs) • Early Childhood Special Education • Reading Specialist • Administrative • Pupil Personnel Services • Clinical/Rehabilitative Services • School Nurse Services • Library Media Services • Other Health Services • Bilingual Specialist • Reading Certificate • Other 	If you have a California teaching credential, what type/s? Check all that apply.		✓
ECE/CD Units Prior to Entry	# UNITS	How many ECE/CD units have you completed prior to entry into the CARES program?	Only need to collect for new applicants since you should already have this data for returning applicants	✓
Professional Growth Hours Prior to Entry	# HOURS	How many professional growth hours have you completed prior to entry into the CARES program?	Only need to collect for new applicants since you should already have this data for returning applicants	✓

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Number of Children Served	# CHILDREN Age groups: <ul style="list-style-type: none"> • Birth to 23 months • 2 years to 2 years, 11 months • 3 years to 5 years • Kindergarten and School-age 	Please report the number of children you serve in each age group in your classroom (for center based) or home (for FCC or FFN)		✓
Relation to Children in Care	# CHILDREN	Of the children in your care, how many are related to you?	Asked only of FCC and FFN participants	✓
Number of Children with Special Needs	# CHILDREN	Of the children 5 and under in your care, how many have a special need?	Use modified definition (see endnote) ⁱ	✓
Sources of Incentives	<ul style="list-style-type: none"> • First 5 • AB212 • Local • Other 		Used to be called Funding Sources, refers to source of stipend/incentive/reward	✓
Type of Incentive	<ul style="list-style-type: none"> • Materials/Equipment • Gift Card • Benefits Package • Stipend 	What type of incentive did participant receive?		✓
Stipend Amount	\$\$,###	Annual Value of stipend, if received.	This field will be LINKED with funding source, so that if you provide stipends through blended funds, or a reward package using multiple funding sources, can identify how much money is attributed to each funding source	
Application Track	<ul style="list-style-type: none"> • FFN • Entry • Permit • Degree • Professional 		To be determined by program	

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Permits Acquired	<ul style="list-style-type: none"> Do not have a permit Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director 	What kind of permit do you have? Or Please select the permit you currently have.	Eliminates children's center permit, Montessori, college ECE certificate, and elementary teaching credential	
Date Permit Acquired	ENTER DATE			
Permits Applied For	<ul style="list-style-type: none"> Have not applied Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director 	Please select the permit that you have most recently applied for.	Eliminates children's center permit, Montessori, college ECE certificate, and elementary teaching credential	
Date Permit Applied For	ENTER DATE			
Coursework Type	<ul style="list-style-type: none"> General Education (GE) which qualifies for graduation requirements, transfer to 4-yr or meets permit requirements (e.g. English, Math/Science, Social Science, Humanities) English or Math pre-requisites ECE CD ESL Courses related to Education (Psych, Spec Ed) 		For unit bearing classes, will need transcript or other official grade report for proof of completion and grade received.	
Coursework Units	# UNITS PER COURSE		Must report units earned BY COURSE and not aggregated across courses (.5 unit increments)	

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Professional Growth Type	<ul style="list-style-type: none"> Disabilities/Special Needs Diversity Literacy Development and Caregiving Curriculum Assessment (Child and Environment) Accreditation CDE pre-K Guidelines, preschool standards, and Desired Results Children's Nutrition and Health Child and Family Safety Family/Community Partnerships Administration Others 		For non-unit bearing trainings.	
Professional Growth Hours	# HOURS PER ACTIVITY		Must report units earned BY ACTIVITY and not aggregated across activities	
Unit-Based Provider	<ul style="list-style-type: none"> R&R/CBO/LPC Community College CSU/UC UC Extension/CSU Extended Learning classes Local/State First 5 Other State Agency Private College School District/COE NAEYC, CAEYC Other 	Who provided the COURSE?	Interested in knowing the different types of providers for educational units	

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Unit-Based Location	<ul style="list-style-type: none"> • R&R/CBO/LPC • Community College • CSU/UC • UC Extension/CSU Extended Learning classes • Local/State First 5 • Other State Agency • Private College • School District/COE • NAEYC, CAEYC • Distance Learning (ONLINE) • Other 	Where did the COURSE take place?	Interested in knowing WHERE participants receive education	

ⁱ For the purposes of the First 5 California CARES program, ‘children with disabilities and other special needs’ refers to those children who: 1) are protected by the Americans with Disabilities Act (ADA); or 2) have or are at risk for a chronic condition whether physical, developmental, behavioral, or emotional and who also require educational, developmental, health, behavioral/mental health, and related services and/or supports of a type or amount beyond that required generally.